Visible Emissions Check Log

small business assistance PROGRAM

Source ID#: _____

Source Name: _____

Required monitoring frequency (circle one)

Daily / Monthly / Quarterly / Other _____

Observation date	Observation time	Observer's name	*Visible emissions observed? If yes (Y), explain corrective action taken in comments section.	Comments/Repairs/Notes
Enter Date	Enter Time	Enter Name	Y/N	Attach additional sheets if necessary

*Allow the engine to reach operating temperature before performing a VE check